| NORTHERN  | TATES DISTRICT<br>DISTRICT OF CA<br>CAND 435<br>AND Rev. 08/2018) |                           |   | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |  |   |                   |                  |                           |  |  | COURT USE ONLY <b>DUE DATE:</b> |                     |                   |          |  |  |
|---|---|---------------------------|---|--|--|---|-------------------|------------------|---------------------------|--|--|---------------------------------|---------------------|-------------------|----------|--|--|
|   |   |                           |   |  | . CONTACT PHONE NUMBER<br>15) 431-3472 |   |                   |                  |                           | 3. CONTACT EMAIL ADDRESS dennis@riordan-horgan.com |  |                                 |                     |                   |          |  |  |
| 1b. ATTORNEY NAME (if different) 2b   |   |                           |   | 2b. ATTORNEY PHONE NUMBER  |  |   |                   |                  | 3. ATTORNEY EMAIL ADDRESS |  |  |                                 |                     |                   |          |  |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Riordan & Horgan 523 Octavia Street San Francisco, CA 94102 |   |                           |   |  |  | 5. CASE NAME United States v. Eric Worthen, et al.  |                   |                  |                           |  |  | 6. CASE NUMBER<br>CR-17-0175    |                     |                   |          |  |  |
| 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR  Debra Pas   |   |                           |   |  |  | 8. THIS TRANSCRIPT ORDER IS FOR:  APPEAL CIVIL In forma pauperis (NOTE: Court order for transcripts must be attached)  CJA: Do not use this form; use Form CJA24. |                   |                  |                           |  |  |                                 |                     |                   |          |  |  |
| 9. TRANSCRIP  | T(S) REQUESTED (  | Specify porti             | on(s) and date(s) of proce  | eding(s) for whic  | h transcript                           | is requeste   | d), format(s)     | & quantity ar    | nd delivery               | type:  |  |                                 |                     |                   |          |  |  |
| a HEARINGIST TOR PORTIONS OF HEARINGS)  |   |                           |   |  |  | FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.)   |                   |                  |                           |  | c. DELIVERY TYPE (Choose one per line) |                                 |                     |                   |          |  |  |
| DATE  | JUDGE<br>(initials)   | TYPE<br>(e.g. CMC)        | PORTION  If requesting less than full heari specify portion (e.g. witness or ti | PDF<br>ing, (email)<br>me)   | TEXT/ASCII<br>(email)                  | PAPER   | CONDENSED (email) | ECF ACCESS (web) | ORDINARY<br>(30-day)      | 14-Day   | EXPEDITED (7-day)                      | 3-DAY                           | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |  |
| 08/20/2018  | CRB   | Trial                     |   |  | 0                                      | 0   | 0                 | 0                | 0                         | 0  | 0                                      | 0                               | •                   | 0                 | 0        |  |  |
|   |   |                           |   | 0  | 0                                      | 0   | 0                 | 0                | 0                         | 0  | 0                                      | 0                               | 0                   | 0                 | 0        |  |  |
|   |   |                           |   | 0  | 0                                      | 0   | 0                 | 0                | 0                         | 0  | 0                                      | 0                               | 0                   | 0                 | 0        |  |  |
|   |   |                           |   | 0  | 0                                      | 0   | 0                 | 0                | 0                         | 0  | 0                                      | 0                               | 0                   | 0                 | 0        |  |  |
|   |   |                           |   | 0  | 0                                      | 0   | 0                 | 0                | 0                         | 0  | 0                                      | 0                               | 0                   | 0                 | 0        |  |  |
|   |   |                           |   | 0  | 0                                      | 0   | 0                 | 0                | 0                         | 0  | 0                                      | 0                               | 0                   | 0                 | 0        |  |  |
| 10. ADDITIONA<br>Excerpts a   | AL COMMENTS, IN<br>as requested                                   | STRUCTIONS<br>during tria | , QUESTIONS, ETC:<br>I.   | ·  |  |   |                   |                  |                           |  |  |                                 |                     |                   |          |  |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  |   |                           |   |  |  |   |                   |                  |                           |  | 12. DA                                 | 12. DATE                        |                     |                   |          |  |  |
| 11. SIGNATUR  | /s/ Dennis P. Riordan   |                           |   |  |  |   |                   |                  |                           |  |  |                                 | 08/24/2018          |                   |          |  |  |

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